

12/16 UST004

KDHE Reference No: Owner ID: _____

Facility ID: _____

Underground Storage Tank Compliance Verification

*To be completed when repair or upgrade is finished.**

Submit to: Kansas Department of Health and Environment
 Bureau of Environmental Remediation-Storage Tank Section
 1000 SW Jackson, Suite 410, Topeka, KS 66612-1367

Phone: 785-296-8061
 Fax# 785-559-4260

Facility Name: _____

Facility Address: _____ City: _____ State: _____ Zip: _____

***Complete only the information pertaining to the approved work on the repair or upgrade/modification application.**

KDHE Tank/Line#						KDHE Tank/Line#					
Standby Tank (yes/no)						Tank Corrosion Protection					Test Date:
Tank Release Detection						Repair to Existing Cath. Protection? Yes: _____ No: _____					
Interstitial Monitor DW						Sacrificial Anodes					
Statistical Inventory Recon.						Impressed Current					
Tightness Testing						No. of Anodes Replaced					
Manual Tank Gauging						No. of Anodes Added					
Automatic Tank Gauging						Repair to Rectifier					
Other:						Repair to CP wiring					
Dispenser	Number:					Interior Lining					
Pressure						Interior Lining Installation/Inspection Date:					
Safe Suction						Other:					
Conventional Suction						Line Corrosion Protection					Test Date:
Piping Release Detection						Repair to Existing Cath. Protection? Yes: _____ No: _____					
Statistical Inventory Recon.						Sacrificial Anodes					
Tightness Testing						Impressed Current					
Interstitial Monitor (sump)						No. of Anodes Replaced					
Automatic Line Monitor						No. of Anodes Added					
Other:						Repair to Rectifier					
Pressure Line Rel. Det.						Repair to CP wiring					
Mechanical Leak Detector						Other:					
Continuous Alarm w/shutoff						Flex Connectors:					
Automatic Line Monitor						Tank (STP)					
Positive Shutoff						Line (Dispenser)					
STP Sump Sensor						Sacrificial Anodes					
Dispenser Sump Sensor						Wrapped					
Other:						Booted					
Pump and Dispenser Containment						Isolated from Soil					
Submersible Pump Pan						Impressed Current					
Dispenser Pan						Line Repair					Test Date:
Transition Sump						Fiberglass					
Submersible Pump						Flexible Nonmetallic					
STP(Submersible Pump)						Double Wall					
Other:						Line Manufacturer:					
Spill Prevention					Model #:	Length Installed (Feet)					
Spill Buckets						Other:					
Overfill Prevention					Model #:	District Inspection					
Overfill Shutoff Device						Contacted District Office					Yes: _____ No: _____
Overfill Shutoff with Drop Tube						Inspection Date:					
Audible Overfill Alarm						Fix Inspection Deficiencies					
Ball Float Valve						Drop Tubes					

Oath: I certify that the information above concerning compliance with technical standards is true to the best of my belief and knowledge.

KDHE Licensed Installer Signature: _____ **IO#** _____ **Date:** _____